

City of Wenatchee

Public Records Officer · 129 South Chelan/P.O. Box 519 · Wenatchee, WA 98807 Phone (509) 888-6204 · Fax (509) 888-6274 · email: cityclerk@wenatcheewa.gov

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

INSTRUCTIONS:

Requestor completes Section B and returns to the Public Records Officer at the address listed above.

Public Records Officer completes Section A and routes to appropriate department.

Public Records Officer or designee completes Section C and D.

SECTION A: FOR CITY USE ONLY
Date:
Department:
Request Received By:

This completed form is an open public document and may be released to any requestor. Section B – Requestor/Records Request Information Requestor Name: Phone Number: Email Address:							
Requestor Name:	Friorie Nurriber.	LIIIaii AC	Hall Address:				
Address:	City:	State:	Zip:				
I wish to: □ inspect □ receive a copy of	the following specific record(s):	ecord(s): Request made:					
			□ in person				
			□ by phone				
			□ by fax				
			□ by mail				
			□ by email				
			Attach request if applicable.				
If record(s) concern individual(s) other than requestor, please state name(s):			If this request is for a list of				
			individuals, is the list to be				
			used for commercial purposes?				
' '							
Signature of Requestor			Date of Request				

Section C – (City of Wenatchee Res	ponse				
☐ ALLOW ACCESS - Charge is \$.15 for each black and white photocopy						
□ WE DO NOT HAVE THE RECORD(S)						
☐ DENY ACCESS - The records you have requested are legally exempt from public disclosure by the following authority:						
Section D – Requestor Notification						
Person contac	ted:		Date:	Time:		
□ by mail	□ by phone	I made the City's final respon	se as stated:			
□ in person	□ by email	Signature:				